



Commander
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16450
Policy Ltr 10-98
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From: Commander, Seventh Coast Guard District
To: Distribution

Subj: MEDICAL WASTE RESPONSE POLICY

1. Medical wastes from time to time have washed ashore within the Seventh District area of responsibility. Coast Guard On Scene Coordinators (OSC) can use the Superfund (CERCLA Funding) to mitigate and cleanup medical waste incidents if no action is being taken by local authorities or an identified responsible party.
2. Enclosure (1) provides further guidance from an old ALDIST that delineates the process and procedures for responding to medical waste incidents.
3. Medical waste is a pollutant or contaminant as defined in Section 101 of the Comprehensive Environmental Response Compensation and Liabilities Act of 1990 (CERCLA). Three levels of response authority exist (local, state, and federal) and they have shared responsibilities for managing the response to medical wastes. If a state or local response agency takes the lead, the Coast Guard can support the response effort. In the absence of state or local leadership, the Coast Guard OSC shall take appropriate actions to protect the public health or welfare using Superfund monies.

WILLIAM H. FELS
By direction

Encl: (1) ALDIST 176/90 (transcribed)

Dist: All CGD SEVEN MSOs

Unclassified Message
To ALDIST 176/90
COMDTNOTE 16450
May 90

Subj: POLICY ON MEDICAL AND INFECTIOUS WASTE

1. Background.

- a. Previously established policy for handling reports of medical waste washing ashore, and disposal of potentially infectious medical wastes has been reviewed and is provided below as current guidelines.
- b. The Coast Guard views medical/infectious wastes as a solid waste, regulated and controlled at the state and/or local level. Lead response agencies are normally the state or local health agencies. Numerous states already have regulated medical wastes or have pending legislation. These agencies have established points of contact, and a framework for accepting reports of waste washing ashore, cleanup operations, disposal, and enforcement.
- c. Medical/infectious wastes can be considered to be “pollutants or contaminants.” When their release, or substantial threat of release, into the environment in the coastal zone presents an imminent and substantial danger to the public health or welfare, the Coast Guard is authorized to conduct emergency action pursuant to Section 104(a)(1) of the Comprehensive Environmental Response Compensation and Liability Act (CERCLA), Executive Order 12580, and the DOT/EPA Instrument of Redefinition relating thereto.

2. Action.

- a. Coast Guard units should be prepared to receive notifications of medical wastes washing ashore or floating offshore. All information shall be passed to the designated On-Scene Coordinator (OSC) who is the COTP that has responsibility for the impacted area. Telephone reports should be followed by message with the District (m) and COMDT (G-MOR) as info addressees.
- b. Coast Guard OSCs shall relay this information to the appropriate local, state, or federal agency.
- c. Coast Guard OSCs shall establish liaison with the local, state, and federal agencies which respond to medical waste incidents. Points of contact should be arranged to ensure rapid transmission of these reports. The Coast Guard OSC shall act as the POC for the Coast Guard.
- d. Coast Guard personnel should be prepared to assist the lead agency, short of actual cleanup. Assistance could be construed as transportation for surveillance (boat, helicopter overflights, etc.), safety zones, immediate site security, or other actions that are

congruent with Coast Guard operations and jurisdictions and that ensure the safety of Coast Guard personnel involved.

- e. Coast Guard OSCs should carefully evaluate each instance of waste washing ashore. If the responsible state (or local) health agency is taking prompt and appropriate action, the OSC should provide assistance, as previously noted, upon request. If the responsible agency is slow in taking action and the immediate situation is an imminent and substantial danger to public health or welfare, the OSC should consider initiating a federally funded response to abate the threat. As soon as the emergency phase is completed and there is no longer a significant threat to the public, the OSC should terminate that phase, secure the site, and urge the responsible agency to complete the response. During this emergency phase, the Regional Response Team (or selected members) may be called upon by the OSC for their expertise, to provide guidance on appropriate response measures, and to assist in dealing with the responsible health agency.

3. Enforcement.

- a. Several statutes could be used for enforcement if illegal dumping is observed, such as the Refuse Act, or the MARPOL Annex V provisions to the act to prevent pollution from ships (hereafter referred to as MARPOL Annex V). In addition, Title III of the Ocean Dumping Ban Act of 1988 amended the Marine Protection Research and Sanctuaries Act and the Federal Water Pollution Control Act to specifically include medical wastes as a substance prohibited from being discharged. The actual statute used for enforcement would depend on the circumstances. Guidance for enforcement of MARPOL Annex V is found in COMDTINST M16450.30.
 - b. All Coast Guard District Commanders should advise their units to be especially watchful for this type of illegal dumping activity and to document and report any vessel engaging in illegal dumping to District Commander (m). Samples of waste should be collected for evidence by Coast Guard personnel only when proper safety precautions are taken so as not to endanger such personnel. Documentation should consist of statements of witnesses, photographs where possible, suspect vessel's identification number and name, and the time and position of the dumping activity. Units are encouraged to use the "Observer Marine Pollution Sighting Report" in COMDTINST M16450.30. After review by the District Commander (m), violation reports should be handled in accordance with usual procedures, with additional notification to G-MOC.
 - c. The Coast Guard shall support federal, state, and local agencies and task forces in their enforcement efforts to the extent possible within operational commitments. Extra patrols focusing in problems areas are encouraged.
4. The above policy will be incorporated into the next change of the Marine Safety Manual (COMDTINST 16000 series).

5. Handling of Coast Guard generated infectious medical wastes.

- a. Improper disposal of potentially infectious medical wastes has resulted in widespread public concern. Potentially infectious medical wastes are defined as disposable medical supplies designed for use in diagnosis, treatment, and laboratory testing or training. Because of this concern and recent regulatory activity at the federal and state levels, all Coast Guard afloat and ashore units shall comply with the following requirements:

- (1) Potentially infectious medical wastes shall be treated as contaminated regardless of whether they have been used in the treatment or testing of patients. All sharps (needles), microbiology lab wastes, containers of blood and blood products, pathology specimens and tissue are included in this category of wastes.
- (2) Sharps shall be collected in plastic autoclavable sharps containers to avoid creating infectious aerosols, needles shall not be clipped; other potentially infectious medical wastes shall be double-bagged in biohazard disposal bags NSN (6530-01-107-5798) or NSN (6530-01-107-5799) prior to autoclaving; after autoclaving, potentially infectious waste materials shall be stored in a secure area until disposed in accordance with federal, state, and local law. Waste disposal regulations will vary from area to area, and from state to state. Coast Guard support units should maintain this information on specific waste disposal regulations (local, state, and federal), and waste disposal facilities for their particular area of operation. Coast Guard support units should maintain this information for the vessel(s) they serve.
- (3) After autoclaving, potentially infectious paper and cloth-based medical wastes may be incinerated, if this capability exists, in order to minimize the volume of medical wastes retained. Otherwise, they must be retained until they can be disposed of as indicated in 5.a.2 above.
- (4) If retention of potentially infectious medical wastes on afloat units would endanger the health or safety of crew members, or during time of war or a declared national emergency, overboard discharge is authorized beyond 50 miles from any shoreline provided all material is autoclaved, properly packaged, and weighted for negative buoyancy. Such disposal shall be approved by the Commanding Officer and an appropriate log entry made. Even though MARPOL Annex V allows 5 years for public vessels to comply with the Act, CG-300-1 "Shipboard Regulations Manual" requires Coast Guard vessels to comply with discharge restrictions identical to MARPOL Annex V. This would prohibit most all medical wastes (any plastic material) from being dumped at sea.
- (5) Each Coast Guard unit or vessel generating or disposing of potentially infectious medical wastes shall maintain a log indicating the type of waste, quantity, date of transfer/disposal, method of disposal, name of transporting and disposing agents, and if disposed at sea, justification for doing so.

- (6) Other medical wastes not included in paragraph (a) above may be disposed of as ordinary trash.
 - b. This policy has been incorporated into the new Coast Guard Safety and Environmental Health Manual (COMDTINST M5100.47 series).
- 6. Addressees are responsible for distribution of these requirements to subordinate units.
- 7. COMDT(G-KSE) (202)267-2957, G-MOR (202)267-0440.